

BRIAN SANDOVAL Governor

**Registration Type:** 

## STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY DIVISION OF MORTGAGE LENDING

TERRY JOHNSON

Director

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## MORTGAGE LOAN SERVICER REGISTRATION

Mail to the Division of Mortgage Lending at the above address.

NRS 645F.265 requires a person or institution engaged in the business of servicing mortgage loans secured by liens on real property located in Nevada (Servicer) from offices outside the state of Nevada to register with the Division of Mortgage Lending (Division) and provide specific information. There is no fee associated with registration.

Soliciting and/or conducting third-party servicing of mortgage loans secured by real property from locations within the state of Nevada may require licensure pursuant to NRS 645A unless otherwise exempt from licensure by statute.

☐ New Mortgage Loan Servicer Regis ☐ Update to Mortgage Loan Servicer I				
1. Servicer's Principal Office Information	ı (Required)			
Corporate Name:				
DBA, if applicable:				
Principal Place of Business:				
Street Address	City	State	Zip	
Telephone No.:	_ Fax No	o.:		_
E-Mail: (Mandatory)	_ State in Which Com	npany is Domiciled:	:	_
Contact Person:				
Contact Person's E-Mail Address:				
Contact Person's Telephone No.:				
Contact Person's Fax No.:				

Street Address	City		State	Zip
Contact Person:		Contact Phone:		
Contact Fax:		Contact E-mail		
Brief description of functions perfo	rmed at this location:			
Street Address	City		State	Zip
	•	Contact Phone:		•
Street Address  Contact Person:  Contact Fax:		Contact Phone: Contact E-mail		
Contact Person:				
Contact Person: Contact Fax: Brief description of functions perfo	ormed at this location:			
Contact Person:  Contact Fax:  Brief description of functions perfo	ormed at this location:	Contact E-mail	State	Zip
Contact Person:  Contact Fax:  Brief description of functions perform  Street Address  Contact Person:	ormed at this location:	Contact E-mail	State	Zip
Contact Person:  Contact Fax:  Brief description of functions perfo	City	Contact E-mail	State	Zip

Registrant's Authorized Signatory:

Name of Registrant:

By:
Authorized Signatory

Name (print or type)

Title

Date

I acknowledge that all documents filed in connection with this registration are deemed to be public records and unless provided otherwise by law are open to public inspection. I agree that if any information provided on this registration changes, I will file an amended registration form with the Division within 30 days of the change.